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** CONTINUING DATA *****

This application is a CIP of 10/404,512 04/01/2003 ABN *[Signature]*

** FOREIGN APPLICATIONS *****

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** 06/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 4	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>				
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	<i>[Signature]</i> Initials			

ADDRESS

27752

TITLE

Methods of determining efficacy of treatments of inflammatory diseases of the bowel

FILING FEE RECEIVED 1436	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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